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POST OFFICE TO ADDRESSEE



ORIGIN (POSTAL USE ONLY)

| | | |
|--|--|--|
| PO ZIP Code | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> |
| Date In Mo. Day Year | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM | Postage \$ |
| Time In <input type="checkbox"/> AM <input type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee |
| Weight lbs. ozs. | Int'l Alpha Country Code | COD Fee Insurance Fee |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials | Total Postage & Fees \$ |

DELIVERY (POSTAL USE ONLY)

| | | |
|---|---|--------------------|
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Date | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. (With delivery to be made without obtaining signature of addressee, addressee agent or delivery employee judges that article can be left in secure location and authorized delivery employee's signature constitutes valid proof of delivery.) | | |
| NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature | | |

CUSTOMER USE ONLY

| | |
|--|---|
| METHOD OF PAYMENT Express Mail Corporate Acct. No. | Federal Agency Acct. No. or Postal Service Acct. No. |
| FROM: (PLEASE PRINT) PHONE 512, 823-1009 Barbara Rogers IBM Corporation Intellectual Property Law 11400 Burnet Rd. Austin, Tx 78758 | TO: (PLEASE PRINT) PHONE () U.S. Patent and Trademark Office P.O. Box 2327 Arlington VA Attn: Box Patent Apps ZIP + 4 2 2 2 0 2 + |

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